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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 9833039															
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OR	OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS	20	-				1	RAT	E	FE	Ε		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355	.00	OR	BASIC FEE	710.00	
το	TAL CHARGEA	BLE CLAIMS	20 minus 20=		· 0			X\$ 9=				OR	X\$18=	0	
<u> </u>	EPENDENT CL		4 minus 3 =		•			X40=				OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PRESENT							l	+135=				OR	+270=	0	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTA	<u>, </u>	H		OR	TOTAL	190	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	1 I B	NTI	rv	, ∪B	OTHER SMALL		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST IBER DUSLY	PRESENT EXTRA		RAT		ADI TION	DI- NAL		RATE	ADDI- TIONAL	
AMENDMENT	Total	· 91	Minus	2	7)	= /		X\$ 9		<u> </u>	Ε	OR	X\$18=	218	
AME	Independent		Minus	•••	4	= (X40=		1	,	OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_	_		OR	+270=		
	l	TO	TAL				TOTAL								
		(Column 3)	,	addit. F	EE			JO.,	ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	ACT.	(Colur HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA		RAT	Ε	ADI TION FE	I AL		RATE	ADDI- TIONAL FEE	
ND	Total	. 21	Minus	٠. ٦	(=		X\$ 9	=			OR	X\$18=		
AME	Independent	. 6	Minus	•••	6	-		X40:	╗		7	OR	X80=		
	FIRST PRESE	NIATION OF MIL	JUIPLE DEP	LTIPLE DEPENDENT CLAIM				+135	_			OR	+270=		
1 1 6								TO	AL EE			OR	TOTAL ADDIT. FEE		
	6-06.	(Golumn 1)	(Column 2) (Column 3)										nee <u>-</u> _	_	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	≣	ADI TION FE	IAL		RATE	ADDI- TIONAL FER	
NON	Total	. 21	Minus	. 0	<u> 24. </u>	= /		X\$ 9	=		7	OR	X\$18=	7	
AME	Independent	• 4	Minus		4	=		X40=		\neg		OR	X80=	/	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	7	+			. 270	/	
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									4	4	OR	+270=		
***	ll the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Pail	aid For IN THI	IS SPACE I	is loss tha	n 3, enter "3."	_	TO I NDDIT. F and in the	EEL	ropria	le box		TOTAL/ ADDIT, FEE Lymn 1,		